BEST AVAILABLE COPY

											or Docket Number		
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09/74,001					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					-			RATE F		FEE	1	RATE	FEE
FO	R		NUMBER F	FILED	NUMB	ER EXTRA		BASIC F	-	355.00	OR	BASIC FEE	
то	TAL CHARGEA	BLE CLAIMS	26 minus 20=		·	*		X\$ 9=		,	OR	X\$18=	
IND	DEPENDENT CL	AIMS	/ minus 3 =		*	*		X40=			OR	X80=	
MU	LTIPLE DEPEN	NDENT CLAIM PF	RESENT						+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	less than zero, enter "0" in column 2				TOTAL			OR		
	C	LAIMS AS A	MENDEC) - PAF	₹T II				_		1	OTHER	
_		(Column 1)			ımn 2)	(Column 3)	<u> </u>	SMAL			OR	SMALL	ENTITY
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	≣ TI	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	•	Minus	**		=		X\$ 9			OR	X\$18=	
ME	Independent	*	Minus [***		=]	X40=	_		OR	X80=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	SENDEN.	T CLAIM]		-			270	
		•						+135: TOT	!_		OR	+270= TOTAL	
								ADDIT. F			OR	ADDIT. FEE	
	Τ	(Column 1)	Т		ımn 2) HEST	(Column 3)	4,		- T		. ,		
AENT B	,	REMAINING AFTER AMENDMENT	, s	NUM PREVIO	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total		Minus	**		=		X\$ 9=	.		OR	X\$18=	
AMENDN	Independent	*	Minus	***	AINA	=] [X40=			OR	X80=	
Ш	FIRST PHESE	ENTATION OF MU	/LTIPLE UCF	ENDEN	CLAIIVI		ا ا	+135=			OR	+270=	
							L	TOTA				TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)		AUDIT. 1 S	:t: —			ADDIT. I CC	
AMENDMENT C	0	CLAIMS REMAINING AFTER AMENDMENT	c	HIGH NUM PREVIO	HEST	PRESENT EXTRA]	RATE	TIC	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total		Minus	**		=	1	X\$ 9=	\neg		OR	X\$18=	
MEN	Independent	*	Minus	***		=	1 F				ı	X80=	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	X40=	+		OR	Χδυ=	
+135=											OR	+270=	\
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		nber Previously Paid					er four	nd in the	approp	riate box	in col	umn 1.	